#### **Application Data Sheet**

#### **Application Information**

Application Type::

Regular

Subject Matter::

Utility

Title::

SYSTEM AND METHOD FOR CAPTURING AND

SEARCHING IMAGE DATA ASSOCIATED WITH

TRANSACTIONS

Attorney Docket Number::

D-1112 R2 DIV

Request for Early Publication?::

No

Request for Non-Publication?::

Yes

Suggested Drawing Figure::

13

**Total Drawing Sheets::** 

79

Small Entity::

No

Petition included?::

No

Secrecy Order in Parent Appl.?:: No

#### **Inventor Information**

Inventor Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Jeffery

Middle Name::

M.

Family Name::

**Enright** 

Name Suffix::

City of Residence::

Akron

State or Prov. Of Residence::

OH

Country of Residence::

US

Street::

4496 Rex Lake Drive

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Original

06/23/2003

City:: Akron

State or Province:: OH

Country:: US

Postal or Zip Code:: 44319

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Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Kevin

Middle Name::

F.

Family Name::

Martin

Name Suffix::

City of Residence::

North Canton

State or Prov. Of Residence::

OH

Country of Residence::

US

Street::

2113 Old Elm Street

City::

North Canton

State or Province::

OH

Country::

US

Postal or Zip Code::

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Brad

Middle Name:: L.

Family Name:: Stephenson

Name Suffix::

City of Residence:: Canton

State or Prov. Of Residence:: OH

Country of Residence:: US

Street:: 5200 Birkdale Street N.W.

City:: Canton

State or Province:: OH

Country:: US

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Roy

Middle Name::

Family Name::

Hathaway

Name Suffix::

City of Residence::

North Canton

State or Prov. Of Residence::

 $\mathsf{OH}$ 

Country of Residence::

US

Street::

2177 Rugers Street N.W.

City::

North Canton

State or Province::

ОН

Country::

US

Postal or Zip Code::

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Tom

Middle Name::

Family Name:: Kehner

Name Suffix::

City of Residence:: Massillon

State or Prov. Of Residence:: OH

Country of Residence:: US

Street:: 1665 Clearbrook N.W.

City:: Massillon

State or Province:: OH

Country:: US

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Christopher

Middle Name:: J.

Family Name:: Knouff

Name Suffix::

City of Residence:: North Canton

State or Prov. Of Residence:: OH

Country of Residence:: US

Street:: 8695 Rosewood Avenue N.W. Apt. 8

City:: North Canton

State or Province:: OH

Country:: US

Postal or Zip Code:: 44720

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Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Kenneth

Middle Name:: C.

Family Name:: Varn

Name Suffix::

City of Residence:: Canton

State or Prov. Of Residence:: OH

Country of Residence:: US

Street:: 4525 Westwood Drive N.W.

City:: Canton

State or Province:: OH

Country:: US

Postal or Zip Code:: 44709

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Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Jeffrey

Middle Name::

R.

Family Name::

Thomas

Name Suffix::

City of Residence::

Massillon

State or Prov. Of Residence::

OH

Country of Residence::

US

Street::

325 Gnau Avenue S.W.

City::

Massillon

State or Province::

ОН

Country::

US

Postal or Zip Code::

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Jay

Middle Name:: Paul

Family Name:: Drummond

Name Suffix::

City of Residence:: Massillon

State or Prov. Of Residence:: OH

Country of Residence:: US

Street:: 1965 Augusta Drive S.E.

City:: Massillon

State or Province:: OH

Country:: US

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: John

Middle Name::

Family Name:: Kortis

Name Suffix::

City of Residence:: Canton

State or Prov. Of Residence:: OH

Country of Residence:: US

Street:: 616 Bellflower Avene S.W.

City:: Canton

State or Province:: OH

Country:: US

Postal or Zip Code:: 44710

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06/23/2003

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: David

Middle Name:: A.

Family Name:: Crane

Name Suffix::

City of Residence:: Chagrin Falls

State or Prov. Of Residence:: OH

Country of Residence:: US

Street:: 337 East Washington Street

City:: Chagrin Falls

State or Province:: OH

Country:: US

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Evan

Middle Name:: F.

Family Name:: Goldring

Name Suffix::

City of Residence:: Redmond

State or Prov. Of Residence:: WA

Country of Residence:: US

Street:: 11204 184th Place N.E. Apt. C4109

City:: Redmond

State or Province:: WA

Country:: US

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Robert

Middle Name::

Family Name:: Novitskey

Name Suffix::

City of Residence:: Redmond

State or Prov. Of Residence:: WA

Country of Residence:: US

Street:: 11408 183rd Place N.E. Apt. K3034

City:: Redmond

State or Province:: WA

Country:: US

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Michael

Middle Name::

Family Name::

Russell

Name Suffix::

City of Residence::

Hartville

State or Prov. Of Residence::

OH

Country of Residence::

US

Street::

386 Griggy Road

City::

Hartville

State or Province::

OH

Country::

US

Postal or Zip Code::

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael

Middle Name::

Family Name:: Mott

Name Suffix::

City of Residence:: Elyria

State or Prov. Of Residence:: OH

Country of Residence:: US

Street:: 407 Auburn Street

City:: Elyria

State or Province:: OH

Country:: US

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Chris

Middle Name::

Family Name::

DiVita

Name Suffix::

City of Residence::

**North Canton** 

State or Prov. Of Residence::

OH

Country of Residence::

US

Street::

2070 Old Elm Street N.E.

City::

**North Canton** 

State or Province::

 $\mathsf{OH}$ 

Country::

US

Postal or Zip Code::

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Doug

Middle Name::

Family Name:: Williams

Name Suffix::

City of Residence:: Mentor

State or Prov. Of Residence:: OH

Country of Residence:: US

Street:: 7483 Case Avenue

City:: Mentor

State or Province:: OH

Country:: US

### **Correspondence Information**

Correspondence Customer Number:: 28995

#### **Representative Information**

Representative Customer Number:: 28995

# **Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	Divisional of	09/414,249	10/07/1999
09/414,249	Non-Provisional of	60/103,731	10/09/1998

# **Assignee Information**

Assignee Name:: Diebold, Incorporated